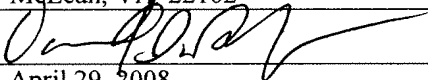


|  |    |                        |                     |
|--|----|------------------------|---------------------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |    | Application Number     | 10/599,577          |
|  |    | Filing Date            | 10/02/2006          |
|  |    | First Named Inventor   | Gerit ERBECK et al. |
|  |    | Group Art Unit         | 3612                |
|  |    | Examiner               | Dennis H. Pedder    |
| Total Number of Pages in This Submission   | 25 | Attorney Docket Number | 033171-134          |

| ENCLOSURES <i>(check all that apply)</i>   |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement, Form PTO/SB/08<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers <i>(for an Application)</i><br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i><br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt<br><input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i> :<br>1. Substitute Specification<br>2. Mark-up Specification |
| Remarks  | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above identified docket number.   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm<br>or<br>Individual name              | David S. Safran, Reg. No. 27,997<br>Roberts Mlotkowski Safran & Cole, P.C.<br>PO Box 10064<br>McLean, VA 22102 |
| Signature                                  |                             |
| Date                                       | April 29, 2008   |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]   |                             |
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